BINDIN

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis AP	1921	Run over by street car	1 week ago
Cercbral hemorrhage	BURNAU V.S.	July 5,1927	Peritonilis	3 days ago
	Company of the Compan			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1,	1	A	2
U	0	I	4	60

1. PLACE OF DEATH	(165%)
County Somerset	Registration Dist. No. 265
Village or City Crisfield	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	it death occurred in a hospital or institution, give its IVAIVIE, instead of street and number) isds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bacon WITHIR	PORCORATE LIMITS OF
(a) Residence: No. Crisfield, Md. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH March (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of None	22. I HEREBY CERTIFY, That I attended daceased from, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) March 24, 1932 7. AGE Years Months Days If LESS than 1 day hts. or years or years in the control of t	I last saw h; death is said to have occurred on the date stated abova, atm
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Strangulation at both, by umbole ical cost around needs. Careed. Died immediately after birth. No physician in attendance. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Crisfield, Md.	Wild was born with several coils of
13. NAME Samuel Bacon, Jr.	Delivered by a midwife.
13. NAME Samuel Bacon, Jr. 14. BIRTHPLACE (city or town) Pocomoke, Md. (Stata or country)	Nama of operation Oate of Was there an autopsy?
15. MAIDEN NAME Ruth Anna Johnson 16. BIRTHPLACE (city or town) Snow Hill, Md. (State or country)	23. If death was dua to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Emma R. Hearn (Address) Crisfield, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Crisfield, R. F. Doats March 24, 19 32	Manner of injury
19. UNOERTAKER John a Bradshau (Address) Cristield, Md. 20. FILED 3/24 19 32 C. E. Collins	24. Was disease or injury in any way related to occupation of deceased? NO
Registrar.	(Address) Crisfield, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.	111.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA. item of infor

03143

	(03)
County Someral	Registration Dist. No. 268
Village or City Chanel	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
1 1 7	ds. How long in U.S. it of foreign birth?yrs,mosds,
2. FULL NAME Sugard Duch	
(a) Residence: No. Ballanal Std	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Named	21. DATE OF DEATH March (Month) (Day) (Rear)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Bush	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw 100 affive on adu Cl 19 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) 11. Total time (years) spent in this occupation	On a severe sonny and was probably washed
12. BIRTHPLACE (city or town). Quelew Ching Co	Other Contributory Causes of importance:
13. NAME Lames Buch	
14. BIRTHPLACE (city or town). Let Country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulelde, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 9 1, 1932	Manner of injury
19. UNDERTAKER ASSILVENSE WESTER 20. FILEO Wesk 9th, 19.32 Roza Welster Registrar.	24. Was disease or injury In any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address)

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Example I	electrical desirable desir	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation CAUS

19. UNDERTAKER (Address)

state

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Registrar.

If so, specify (Signed)

(Address)

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100	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis ~	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLAC	E OF DEA	TH				87-a			0 4 2
Count	y Sam	erset					Registratio	n Dist. No	7 60
Villag	e or City TE	inces	Anna	us.	ND.	in a homital or ins	titution, give its NA	MF instead of street	t.,Ward
Length	of residence in c	ty or town where	deeth occurred					4.	ds.
2. FULL	NAME	Lavid	工. (sarroll			-		,
(a) R	esidence: No	Pri	n cosc (Usual place	Anne	St.,	Ward.	If nonreside	nt give city or tow	vn and State
PER	SONAL AN	D STATIST	ICAL PART	CULARS		MEDICAL	CERTIFICAT	E OF DEAT	тн
SEX		R OR RACE		RRIED, WIDOWED, D (write the word)	21. DAT	E OF DEATH	Month)	194h	193 2. (Year)
a. If married HUSBAN (or) WIF	widowed, or divo D of E of	len Oi	rgine G	Sarro II	22. Let	HEREE	SY CERTII		endat deceased from
6. DATE OF E	IRTH (month, day	v and vaar) —	Tuly 2	wa 1872	I last saw h	aliva on			B. 2. : death is said
59	Years	Months	Days 17	If LESS than 1 day,hrs.	to have occ	IPAL CAUSE OF DI	tated ebove, at . 3:	BOAm.	
8. Trede	profession, or pa		0	ormin.	were as fol	lows:			Date of onset
O ki	, profession, or pand of work done, NWYER, BODKKEE	as SPINNER, PER, atc.	To boro	-			•		2/2/32
D S S	try or business in ork was done, as S AW MILL, BANK, o daceased last wo	SILK MILL, gate	Pall to a		Abs	cess of	Imfer n	al righ	9-11-
уе	is occupation (mo ar) 11 Q		32 spa ryland	time (yaars) ent in this upation	Othar Conti	ributory Causes of in	mportanca:		
	or country)		7		Acule	Canaly	1 Thening	itie	3/16/92
13. NAME	11	0805	Garro	1/		2	1 1 0	L L . L	11
	PLACE (city or to tate or country)	own)	ary las	n.d.					e of
15. MAID	EN NAME	Unian	wun				causes (VIOLENCE)		
	IPLACE (city or to	wn)t c	Tas.						
1 10	tate or country)		2 2			njury occur?	(Specify city	or town, county ar	nd State)
17. INFORMA† (Addre		Prese	reac Qu	eus md	Specify will	icher myary occurre	d in INDUSTRY, in I	NOME, OF IN PUBL	IC PLACE.
-	REMATION, OR F	REMOVAL 10 Cuns	Ω.	w 22,19 86	Manner of i	njury			~~~~~
19. UNDERTA		ling	vier,		24. Was dise		y wey related to occ	upation of deceese	ed?No
1	= 22	2- 1	JABI	using o	(Signal	8 . (7 Mark	mari	M D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis SECEVEL	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephrilis	1921	Run over by street car .	1 week ago	
Cerebral hemorrhage DR 6 10 W	July 5,1927	Peritonitis	3 days ago	
HITCHET V.S				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13146)
1. PLACE OF DEATH	(12)
County Amersel Mc Cr	eady Hospital Registration Dist. No. 270
Village or City Crisfield	No. [/ St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME / Yenry Crockel	4
(a) Residence: No. 8 d.) W (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m or DIVORCED (write the word)	May (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of Sadie Corrans (rockett	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Se H. 18 1870	192, 10 14400 0 1902
6. DATE OF BIRTH (month, day, and year) 0 971. /8 /8 /0 7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 2 00 Am.
6 / (-) 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
8. Trade, profession, or particular	Date of ongot
kind of work done, as SPINNER, Walerman	Justual Carlo remains
9. Industry or business in which	all hour Kin
work wes done, as SILK MILL, Work Boal	
10. Date deceased last worked et this occupation (month end 932 spent in this 40 yrs	
year) - Manual 4-1-1 Ja Land occupation - 1 - 4 - 4 - 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Sauguer (State or country)	To ferma,
13. NAME Starges Consent	4
4	
(State or country)	Name of operation (political and) Dete of 13/32
15. MAIDEN NAME Zena Confeett	What test confirmed daggosis? Was there an autopsy?
- Comme of our from	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
and Carelett	(Specify city or town county and State)
17. INFORMANT CYPUESO Croepeso	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tangier, Va Date Mar. 10, 1932	Neture of Injury.
19. UNDERTAKER John O. Bradshow	24. Was diseese or Injury in any wey related to occupation of deceased?
(Address) Crifield md	If so, specify
20. FILED March 10,932 C. E. Collins	(Signed) Chay 9. Delival Ra M. D.
Registrar.	(Address) Ornsfield
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULLAU	V. 8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Nominal.	Registration Dist. No. 261
Village or City New Wislow MX	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street end number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Gold Done	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write May word) Final	21. DATE OF DEATH Month (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(OI) WIFE OI Y (MI	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) unknown	i last saw h ; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
14 ray,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Julius instructions.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	Don't (und
A Division of the second of th	
H	Name of operation. Date of
[State or country]	What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Kury Turkin	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME A very Gricker 16. BIRTHPLACE (city er town) (State or country)	Accident, sulsido, or homicide? Dete of injury, 19
≥ (State or country)	Where did Injury occur?(Specify city or town, county and State)
17, INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Weslow m	•
18. BURIAL, CREMATION, OR REMOVAL PIECE MASSES DATE 3 6 1932	Menner of injury
A 1	- Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
3/1/ 31 00/11	(Signed) Assistant Role addition, D
20. FILED J 6 , 19 7 A STULL Registrar.	(Adgress) Princis Cum m
If more Manks are needed, address State Registrar,	2411 N. Charles Sefeet, Baltimore, Requesting V. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
02			1 week ago
Chronic interstituti nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

Gousiones		May 1,1925	Gastroenterurs	1 year
		9		
	ADDITIONAL SP	ACE FOR FURTH	ER STATEMENTS BY PHYSIC	CIAN
				-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3148
1. PLACE OF DEATH	264
County & omisel	Registration Dist. No. 260
Village or City / Les word	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME James C. Doughert	
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Male Market Market Or Divorced (write the word)	21. DATE OF DEATH Month (Month) (193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE Magain & oughing	22. 1 HEREBY CERTIFY, That I attended deceased from , 19, to, 19
6. DATE OF BIRTH (month, day, end year) July 2 18 65	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than I day hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as 10Hgys:
9 Trade profession or particular	Lenbre Vennonhoge Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and Colored).	
10. Oate deceased last worked at this occupation (month and farmer spant in this year)	
12. BIRTHPLACE (city or town) Somuse C	Other Contributory Causes of importance:
13. NAMPLETON DOUGHELY 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME/ Turill / Milligar	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME / Tarrel Milligar 16. BIRTHPLACE (city or town) (Stale or country)	Accident, sulcide, or homicide? Date of injury, 19
(State of Country)	Where did Injury occur? (Specify city or town, county and Stata)
17. INFORMANT Wa Danelany (Address)	Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pairmed Combate Mars 3/1932	Manner of injury
Place Parment Cerubate Man 2/1932	Nature of injury
19. UNOERTAKER 6. 0 Vales Marie Mad	24. Was disease er injury in any way related to occupation of deceased? If so, specify
20. FILEO 3/3- , 1932 A Since Registrar.	(Signed) Attituth M. D. (Address) Driver Church M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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-	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6 19.2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURTAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones ·		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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	03149
PLACE OF DEATH	STATE OF MARYLAND
County brush	CERTIFICATE OF DEATH
4 . 4	Registration Dist. No. 264
Village or Citylornmund (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Sud.	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH March 15, 19825
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lord Bran. may 15, 1932	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	
leva Br. mos. ds. or min.	
B OCCUPATION	Product of 5 /2 mullo Cove fair
(a) Trade, profession or particular kind of work	John Jo 12 mores confiss
(b) General nature of industry	
business, or establishment in	(Durstion)ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Durstion) yrs, mos, and ds,
FATHER Classifier for d.	(Signed) M. D.
11 BIRTHPLACE	Meg 15 1923 (Address) Musican mad
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	Accidental, Suicidal or Homicidal.
of MOTHER Blanch Richards	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	
OF MOTHER (State or Country)	of deathyrsmos,ds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Goding La D	Former or usus residence.
(Informant) Eldrigh Frid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) remment done	Harmount Med Mar 16 32
	1 10001 (11 11 11 11 11 11 11 11 11 11 11 11 1

V.S. No. 1. If more blanks are needed, address State Registrar, 16 W. Saratoga Sd., Balto.,

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," stated unless important. Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease " "Coma, etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH).	107-a	
County Dough		Registration Dist. No.	
Village or City DAMES QUA	ARTER, MD.	No. St.	Ward
	(1)	death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where de	eth occurredyrsmos	ds. How long in U.S. It of foreign birth?yrsmo)sds.
2. FULL NAME & arr	ull 1. Glade	den	
(a) Residence: No.DAMES QU	JARTER, MD	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAR 18 1932	, 193. (Year)
5a. If merried, widowed, or divorced HUSBAND of	1011	(1111)	
(or) Wife of	Is a didle	22. HEREBY CERTIFY, That I etterholded	deceased from
270004	000 12 1060	M-arch 10, 1934, 10 / Marks 18	, 1967
6. DATE OF BIRTH (month, day, and year)	14. 13 1800	1 1	; death is said
7. AGE Years Months	Deys If LESS then 1 day, hrs.	to have occurred on the dete stated above, et	
75 3	5 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Sailor	12 wording perfumons	0
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		7	
10. Dete deceased last worked at this occupation (month and	11. Totel time (years) spant in this		
year)	oscupetion		
12. BIRTHPLACE (city or town) & has	res Md	Dther Centributory Causes of Importence:	
(Stete or country)			
13. NAME GLOGAL	Madden		
13. NAME SUPPLIES 14. BIRTHPLACE (city or town)		Neme of operation	
14. BIRTHPLACE (city or town) (State or country)	0 0	Whet test confirmed diegnosis? Was there an a	
15. MAIDEN NAME Polin Aland	Shows	23. If death wes due to externel ceuses (VIOL ENCE) fill In also the following	
I Caracterist	1-0-0000	Accident, sulside, or homicide?	
(Stete or country)		Where did injury occur?	, 17
17. INFORMANT Calvin To &	lastden	(Specify city or town, county and State Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PL/	
48. BURIAL, CREMATION, OR REMOVAL	EN, MU.	4.	
Place Place	Dete 19	Menner of Injury	
ν,	0.11/01/1	Neture of injury	
19. UNDERTAKER DEALS ISLANG	3, in bever	24. Was disease or injury in one wey releted to occupetion of deceesed?	
20. FILED 3/20/32, 19 Mr. U	1. S. Kolle Registrar.	(Signed) (Address) CHANCE MD.	M. D.
/	registrar.	(1001000)	

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Example I	• they are	Example II	
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APR 5 1932			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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S. No. 1

PLACE OF DEATH

County	omynsel		CERTIFICATE (
			Registration Dis
Village or City	Ewall (No	D	St.:Ward)
²FUI	I NAME Theodory	e John	Handges
PERSON	AL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF
Boy	OR DIV	E. ED, Single VED, Single ORCED the word)	16 DATE OF DEATH March 12 (Month)
6 DATE OF BIR		. 1 1928	Mar, // 1922 to Mar
	(Month) (Day) (Year)	that I last saw his alive on Mossch
7 AGE	3 vrs. 6 mos. 1	If LESS than I day hrs.	The CAUSE OF DEATH was as follows:
10. A	ofession or d of workature of industry		Convulsions
business, or e	stablishment in ed or (employer)		(Durstion)
9 BIRTHPLACE (State or con			Contributory Secondary
I 10 NAME d	fuld chare	frand	(Duration)
FATHER	In Georgle	Handores	(Signed)
OF FATH	ER ON Oh.	el.	*State the Disease Causing Death, o
Z (State of	NAME	Dispose of the second	Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.
OF MOTH		Kundan	18 LENGTH OF RESIDENCE (For Hospital
13 BIRTHPI		(1)	At place of deathyrsmosds. In the State
14 THE ABOVE	TANK AND IN	KNOWLEDGE	Where was disease contracted, if not at place of death?
	miss moliss	a Dino.	Former or
(Informant			usual residence
1	ress) ENELL	ma	19 PLACE OF BURIAL OR REMOVAL
15 Filed M.C	(css) Ewell	Kitana	

STATE OF MARYLAND F DEATH

death occurred in ospital or institu-

n, give its NAME in-ad of street and mber.)

EATH

the deceased from 1/ 1927

desths from (2) Whether

Institutions, Trans-

.yrs......ds.

ATE OF BURIAL

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman. cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coal, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Form laborer, Loborer-Cool mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Tanuer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Doy (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, pneumonia, Bronchopneumonia ("Pneumonia, the DIS-

BURNAU V. B (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular Always qualify all heart disease;

sinswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and all questions

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BINDING

RESERVED

MARGIN

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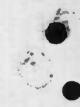
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

*MARGIN RESERVED

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1 2	. <	т.	1	3
V	V	1	U	3

5a. It metried, widowed, or divorced Hubbanto of (or) WIFE of 6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) Other Contributory Causes of Importance.	State , 193 Z— (Yaar)
Length of residence in city at town where death occurred of yrs, mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. if we call	number) os. ds. State , 193 7 (Yaar) daceased from
Length of residence in obtained and in a horpital or institution, give its NAME instead of street and in Length of residence in obtained and in a horpital or institution, give its NAME instead of street and in the length of residence in obtaining the personal and in the length of residence. No. 2. FULL NAME (a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR/RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet he word) OR DIVORCED (variet he word) 5a. If mestand, widowed, or divorced the word of the personal divorced in the data stated above, at 7 a.m. 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Pala deceased last worked at this occupation (month and yaar) Other Contributory Cabres of Importance were as tollows: Other Contributory Cabres of Importance with a companion of the profession, or particular single divorced at this occupation (month and yaar) Other Contributory Cabres of Importance were as tollows:	number) os. ds. State (Yaar) daceased from
2. FULL NAME (a) Residence: No. (Usyla) pince of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If mescaled, widowed, or divorced (Month) (Month) (Day) 22. 1 HEREBY CERTIFY. That I attended to have on the procession, or particular (month, day and year) 8. Trade, profession, or particular (month, day and year) 8. Trade, profession, or particular (month one) 9. Industry or business in which (month one) 10. Pola deceased last worked at this occupation (month and year) 11. Total time (years) (comparison) 11. Total time (years) (comparison) 11. Total time (years) (comparison) 12. DATE OF DEATH 22. 1 HEREBY CERTIFY. That I attended to have on the data stated above, at 720 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: 10. Pola deceased last worked at this occupation (month and year) Other Contributory Cabuses of Importance (month one) Other Contributory Cabuses of Importance (month	State , 193 2 (Yaar) daceased from
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (worise the word) 5a. It-mactised, widowed, or-divorced (Month) (Month) (Day) 22. 1 HEREBY CERTIFY, That I attended to the data stated above, at 7 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows; 8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL BANK ARCHARDER AND M	, 193 Z (Yaar)
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3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If mestined, widowed, or divorced Hudoward or divorced (write the word) 6. DATE OF BIRTH (month, day/and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL To-Data deceased last worked at this occupation (month and year) Other Contributory Causes of Importance (causes of importance)	(Yaar)
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Saw Mill, Bank, etc. 10-Data deceased last worked at this occupation (month and yaar) 1 day, hrs. or main.	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and yaar) Other Contributory Causes of Importance.	
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9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10-Data deceased last worked at this occupation (month and yaar)	Date of onset
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and yaar) Other Contributory Causes of Importance:	
yaar) Other Contributory Causes of Importance.	
yaar) Other Contributory Causes of Importance.	
10719	
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME CYPUS Sources	
± 13. HAWRE	
14. BIRTHPLACE(city or town) Character Much Name at operation. Date of	
What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Addition 15. MAIDEN NAME ADDIT	:
16. BIRTHPLACE (city or town) Character Accident, suicide, or homicide? Data of injury	, 19
whera did injury occur?	
(Specify city or town, county and State 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA (Address)	ICE.
18. BURIAL, CREMATION OF REMOVAL Date Manner of injury Manner of injury	
Natura of injury.	
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED Well-7_19 3 Z 40 Welster (Signed) Jones Calon (Address) Cold Sync & C.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
		1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	THE WALL V. S.	July 5, 1927	Peritonitis	3 days ago	
		3			
Other contributory c	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 sar	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation CAUSE TION i

19. UNDERTAKER
(Address)

OCCUPA

pinous

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury.

If so, specify

(Address) _.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURHAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year _

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE C	F MARYLAND-	CERTIFICATE OF DEATH (3155
1. PLACE QE DEATH		(3)
County) omerse	1	Registration Dist. No. 270
Village or City Crust	ild	No. R. A. D St. Ward
Length of residence in city or town where o	1.1	f death occurred in a horbital or institution, give its NAME instead of street and number)
IV Da	leadii occarred	sds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME	all genrs	
(a) Residence: No.		St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mich 28 193 Z
5a. If merried, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of	a Sews	1 HEREBY CERTIFY, Thet I allefided deceased from
6. DATE OF BIRTH (month, day, and year)	an 21 1854	I last saw h .: alive en hearth 28, 1932, death is said
7. AGE Years Mondo	Oays If LESS than	to have occurred on the date steted above, atm.
18. 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc	or Tum on	Value for Heart classes Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Sudden shall
10. Dete deceased lest worked et this occupation (month and yeer)	11. Total time (years) spent in this	Madulan Han
12. BIRTHPLACE (city or town) accon	mae	Other Contributory Causes of importance:
(State or country)	y wa	halle I.
13. NAME absolan	· Juis	
13. NAME USOCON 14. BIRTHPLACE (city or town) So (State or country)	per non	Name of operation. Date of
	2.04.	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME	noun	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	//	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	11	Where dld injury occur?
17. INFORMANT Sep. G. (Address)	wa	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	mol 3/ 3	Manner of Injury
Place.	Date / 19 3	Nature of Injury
19. UNDERTAKER TOMA (Address)	offen	24. Wes disease or Injury In any wey related to occupation of deceased?
20. FILED March 30, 32 C.	E. collins	(Signed) M. O.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	PLACE OF DEATH	03156		
		STATE OF MARYLAND		
	County Frunch	(E) CERTIFICATE OF DEATH		
		Registration Dist. No. 270		
ificate.	Village or City Sprile Mano. 18. 2FULL NAME THURS Trust &	Registration Dist, No. 2/0 7. D. #2 St.: Ward) Output Registration Dist, No. 2/0 (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH DOCK 4 , 1982 (Month) (Day) (Year)		
on	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
(D)	may 4, 1860	July 15 19234 to mak 4 , 1932		
tion	(M6nth) (Day) (Year)	that I lest sew halive on MC 1922		
structi	7 AGE If LESS than	and that deeth occurred on the date stated above, at		
nstr	7/ yrs. /0 mos. 06 ds. or min.?	The CAUSE OF DEATH * was as follows:		
00	8 OCCUPATION (a) Trade, profession or	Diiscisal		
Š	particular kind of work / WWWW			
nt.	(b) General nature of industry business, or establishment in			
rta	which employed or (employer)	(Duration) yrs mos ds,		
mportant.	9 BIRTHPLACE (State or country)	Contributory laws Sur Nymulus		
-	01.21	Chipro my Duration yrs mos de.		
very	FATHER WAS M LOUSON.	(Signed) Hungio Oullinson. M. D.		
<u>ග</u>	o 11 BIRTHPLACE	mch 3 1882 (Address) Mellon m		
S	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
CCUPATI	of MOTHER MINN W Thomas ate.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
	13 BIRTHPLACE	ients or Recent Residents)		
	OF MOTHER (State or Country)	At place of death		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee.h?		
ייי	me Smart Lynn.	Former or usual residence		
ateme	(Informant) Prill oursin. (Address) Cushuld Dad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN. 8 . 19 8 2		
io i	15 Filed March 8 1932 C. E. Collins	20 UNDERTAKER ADDRESS		
1	Registrat	Johny a. Bradshaw Sixfield		
1	If more branks are needed, address State Registran	16 W. Seratoga St., Belto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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carbolic acid-probably suicide. The nature of the injury, If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. approved by Committee on (Recommendations on statement of cause of death setanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Nomenclature of the

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic regebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURHAU

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? _____ yrs. ____ mos. ____ ds. Length of residence in city or town where death occurred statement ECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Yaar) (Day) 5a, If married, widowed, or divorced HUSBAND of (or) WIFE of PERM. certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than FOR I day ... hrs. The PRINCIPAL CAUSE OF DEATH or min. were as follows Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. OCCUPATION RESERVED may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this instructions Other Contributory Causes of MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following important 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very (Address) 18. BURIAL. Manner of injury mation Nature of injury LION 24. Was disease ar injury in any way related to occupation of deceased? 19. UNDERTAKER if so, specify (Address) (Signed). (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 ADD G 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	irilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUP.FL U V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			200	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of inforshould state of OCCUPA.

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STATE OF MARYLAND	CERTIFICATE OF DEATH (1315)
1. PLACE OF DEATH	1948
County Soulises	Registration Dist. No. 2-68
Village or CityDEALS ISLAND, MD	No. St, Ward
2.1.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Marrarel Milhou	mp
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h elive on O attur lass (f, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
abot 80 yrs 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and speak in this programme).	Blow on head with
9. Industry or business in which work was done, as SILK MILL,	dealla Bloom Juras
SAW MILL, BANK, etc.	intended for another
O 10. Date deceesed last worked at this occupation (month and year) spant in this occupation occupation	
12. BIRTHPLACE (city or town) DEALS ISLAND, MD.	Other Contributory Causes of importance:
(State or country)	
II 13. NAME Charles Long	,
13. NAME & LONG 14. BIRTHPLACE (city or town) DEALS ISLAND, MD (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME C'-LLM 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? (CONDING) Date of injury MCA 4,1932
(State or country)	Where did Injury occur? A Calo Jalama Mg (Specify city or town, county and State)
17. INFORMANT DEALS ISLAND, MD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place way lefant M. Dete M. 6, 1972	Manner of injury Street on temple with clist: Nature of injury Concursaron of Brain
19. UNDERTAKER OFFICE TWESTER (Address) DEALS ISLAND MD	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED mod 2-, 1932 Gora Wehter Registrar.	(Signed) CHANCE, MD. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	ample I	1	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	ADD E MOO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WI 14 9 1327	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory causes o	f importance:	and division	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03160
1. PLACE OF DEATH	(31)
County Somersel	Registration Dist. No. 260
Village or City Frinces Anne	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hispital or institution, give its revalive, instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME FOR TITILES	
	A. W. I
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wedpwed	21. DATE OF DEATH // Groch (Month) (Day) (Year)
5a. If marded, widowed, or divorced HUSBANO of Annie Sterling	1 HEREBY CERTIFY. That I attended deceased from
14 11 1860	1 last saw h com alive on March 310, 1932; death is said
6. DATE OF BIRTH (month, day, and year) ADM 1-16 1862 7. AGE Years Months Days If LESS than	
69 10 18 1day,hrs.	to have occurred on the data stated above, atLO
, j ormin.	ware as follows: Oats of onest
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic Interstition Naphritis for 16
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Triuceso Ocece Md (State or country)	Other Coutributory Causes of importance:
Ŧ 100017	
4 14. BIRTHPLACE (city or town) III ar a la kal	Nama of operation Date of
IS MAIOEN NAME Premierles Clark	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?
17. INFORMANT Upcher I agrance (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wesly Country Date Mar 6, 1932	Manner of injury
19. UNDERTAKER James I. Dennes 2008	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3-6 , 1932 J druft	(Signed) Clary J. Mark man M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner; weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1932	July 5,1927	Peritonitis	3 days ago
4 - 4	enter in the second			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I APR 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBAU V. S.	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN' MARGIN RESERVED FOR BINDING classified. See instructions on back of certificate. properly AGE should be in plain terms, so that it may efully supplied. TION is very important. CAUSE OF DEATH N. B.—WRITE PLANTY mation should

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County America	Registration Dist. No. 276
Village or City Anglord ma	No. meseusly musual thof St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrs,mos	ds. How long In U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME Sufant Pusseny	
(a) Residence: No.	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH March 22 103 21
The fact fight	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Ja faux	
6. DATE OF BIRTH (month, day, and year) mel 22 1932.	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
4 /2 math Carefton 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:
8. Trada profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	4/2 mulles cucy hon
9. Industry or business In which work was done, as SILK MILL,	dead Born.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and spent in this occupation cocupation occupation this occupation the transfer of the transfer occupation t	
d /	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (state or country)	Jack
13. NAME Liming Briany	
音	
4. BIRTHPLACE (city or town) /// (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
O 16 BIRTHPLACE (city or town) Curful Management (Stata or country)	Where did injury occur?
D - 0 P - 1 - 1	(Specify city or town, county and State)
17. INFORMANT Author Outs (Address) Ourshill his	Specify whather injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Fall of motters
Place Clabury Cercy Te, Date May 22, 1932	Nature of injury
10 d d d d d d d d d d d d d d d d d d d	24. Was diseasa or injury in any way related to occupation of deceased? 24
19. UNDERTAKER (Address) (Address)	If so, specify
march 22 32 (Scotling)	(Signed) Lucus 20 mellum. MD

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAUV	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· 4010-		

STATE OF MADVI AND CEDTIFICATE OF DEATH

SIAIL	F MAKILAND	CERTIFICATE OF DEA	ПП
1. PLACE OF DEATH	<u></u>	107.a	11.
County Objection		Registration	Dist. No. 265
Village or City Crusfie	ed state server	f death occurred in a hospital or institution, give its NAM	St. / Ward
Length of residence In city or town where o	leath occurredyrs,mo	sds. How long In U.S. if of foreign birth?	ds
2. FULL NAME Mary E (a) Residence: No.	ligabeth Rees Pine (Usual place of abode)	St., / Ward.	give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH ON oh	3 ,193 (Year)
5a. If married, widowed, or divorced		(month)	(Day) (Year)
HUSBAND of (or) WIFE of	eese	22. I HEREBY CERTIF	
6. DATE OF BIRTH (month, day, and year)	ug 12/85%	I last saw hele alive on Leasel	2 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2-3	OA m.
75 6	21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related caus were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	trusemento	Binels menning	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1,	Chouse Broschet	e ?
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Camb	udge	Other Contributory Causes of Importance:	
1 1 1 + CV	giring of.	-	
E **	from your		
(State of country)	Treland	Name of operation	Date of Was there an autopsy?
15. MAIDEN NAME / CAthy	in Hellins	23. If death was due to external causes (VIOLENCE) file	II In also the following:
[16. BIRTHPLACE (city or town)	Maler,	Accident, suicide, or homicide?	Date of injury, 19
≥ (State or country)	ingland	Where did injury occur?	16.
17. INFORMANT Havey Co. (Address)	rese my	Specify whether injury occurred In INDUSTRY, In HO	town, county and State) DME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Date Mak 5 , 1932	Manner of injury	
10 UNDERTAKER Cohas a. V.	31 cdale	24. Was disease or Injury In any way related to occup.	eation of deceased? Wo
19. UNDERTAKER (Address)	on-d	If so, specify	ariou of necessen:
morel - In C	E Calling	(Signed) S. Cu. Para +	M. [
20. FILED 77 74 3 , 19.5 K	Registrar.	(Address). Case he sa	, would

V. S. No. 1

B.—WRITE PLAINLY,

PHYSICIANS should state

stated EXACTLY.

he properly classified.

certificate.

See instructions on back of

important.

TION is very

WITH UNFADING INK-THIS IS A PERMANEN

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

of infor-

ECORD. Every item

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 03164
county Journal	Registration Dist. No. 26/
Village or City Princeston mod	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
0 16 1 00 1	ds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME Culture Clyphels	a savinge
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Negro S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("prite the word)	21. DATE OF DEATH LULL 20 ,193 2 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) March 20, 1932	Harton de line a
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Davs If LESS than	I last saw h; death is said to have occurred on the date stated ebove, etm.
By. O. QQth dustur 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceasing (month and this occupation (month and speak in this companion (mo	Francoulation lens
9. Industry or business in which work was done, as SILK MILL,	Cy I known sheep
SAW MILL, BANK, etc	1 of the
this occupation (month and year)	4 // 000000
14 1 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Leves of Windslow	
14. BIRTHPLACE (city of town) Sulislum, mol	Name of operation Data of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
I 15. MAIDEN NAME Evaly Savare	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Coaly Sava 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Evaly Daving	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Date 2/2-1/1932	Nature of injury
19. UNDERTAKER Maring Surgers (Address) Kingston Man	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED 3/20 , 1932 Aurelia 12, Jaivaore Registrar.	(Signed) VI. J. Darlley M.D. (Address) 30 9 W. Mel give Cruful fr.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AF 2 1932	July 5,1927	Perilonilis	3 days ago
BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example Y		Example II	
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LULAEU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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SIAIL OF	MARYLAND—	CERTIFICATE OF DEATH	03166
County Source	+	Posistration Dist. No.	169
Village or City	()	Registration Dist. No.	
The state of the s	7.14	NoNoS death occurred in a hospital or institution, give its NAME instead of stree	St., / Ward
Length of residence in city or town where death of	curred yes (mos	ds. How long In U.S. if of foreign birth?yrs	mosds
2. FULL NAME Colearles	(Decent)	Smith	
(a) Residence: No.	0 10 000	/St.,Ward.	
	Usual place of abode)	If nonresident give city or low	
PERSONAL AND STATISTICAL 3. SEX 4. COLOR OR RACE 5. SIN		MEDICAL CERTIFICATE OF DEA	ТН
	DIVORCED (write the word)	21. DATE OF DEATH March 38	102 Z
5a. If married, widowed, or divorced	Dingle.	(Month) (Oay)	(Year)
HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I att	endad_deceased from
	10 - 1	Muscle 23 2 1932, 10 Margh.	184, 1932 2
6. DATE OF BIRTH (month, day, and year)	1,21, 1904	I last saw h Land aliva on March Land, 19	a 3/; death is said
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at la q, _m.	
27 8.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date olonset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	200		Date of ourset
SAWYER, BOOKKEEPER, etc.	marcovo.	Brouch mumours	4. Lay
work was done, as SILK MILL, Sutana	robeile		
	11. Total time (years) spent in this		
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town) Orgal	in mil,	Other Contributory Causes of importance:	
(State or country)	, 1	In 10	mar 10
# 13. NAME Pail Dini	Chi.	fillingle	man ny
13. NAME Paik Simi	e mo	Name of operation Dat	e of
(State of country)		What test confirmed diagnosis? Was the	
15. MAIDEN NAME & Lette y. 9	yler	23. If death was dua to external causes (VIOL ENCE) fill in also the 101	
15. MAIDEN NAME Settle G. 9. 16. BIRTHPLACE (city or town) Orec	ble?	Accident, suicide, or homicide? Date of injury	
(State or country)	, Vin	Where did injury occur?	
17. INFORMANT auf suith		(Specify city or town, county at Specify whether injury occurred in INOUSTRY, in HOME, or In PUBL	nd State) IC PLACE.
(Addrass) Original	e m		
18. BURIAL, CREMATION, OR REMOVAL	Mal De 27	Manner o1 injury	
Place Part Date	1924	Nature of injury	
19. UNOERTAKER OF A PROPERTY	N A	24. Was disaase or injury In any way related to occupation of deceasa	d?
(Address) Seaty Sala	mel Mcl	If so, specify	
20. FILED ON 30 1932 M	12met	(Signed)	7 M. D
The state of the s			

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR TY 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

E OF MARYLAND-	CERTIFICATE OF DEATH 63167			
4				
ressel	Registration Dist. No.			
us Hass	death occurred in a horpital or institution, give its NAME instead of street and number)			
n where deeth occurredyrs,_/Omos.	ds. How long in U.S. iI ol foreign birth?yrsds.			
d albert su	with the same of t			
Gally Jeconnel	2 St. Ward. If nonresident give city or town and State			
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
ACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Merces 79 1939 2 (Month) (Day) (Yeer)			
- 0	22. I HEREBY CERTIFY, That I attended deceased from			
1) hulen	I last saw h. e. 211 alive on Meuce 19, 1932; death is said			
onths Deys If LESS than	to have occurred on the date steted above, et. 4m.			
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:			
NER, T	Myscardelis			
O and a contract	driceifas tralicalin his			
Jeneral 4	strustite of Replicates the			
11. Total time (years) spent in this occupation				
herth Careline	Other Contributory Causes of Importance: Padence Who			
	myrcarolist Fadeus When			
mb	Name of operation			
	Whet test confirmed diagnosis The Analysis an autopsy? Our			
mile	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
	Where did injury occur?			
What.	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
me I me				
m Date 3/9 2 1932	Menner of injury			
Thebr	Nature of injury			
100 for the state of the	24. Was disease or injury In any wey releted to occupation of deceased?			
875 July 1966	(Signed) Slegs Of Mulleg M. D.			
Registrar.	(Address) Assures Cerfeet			
If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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8073 TI V. B.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			20
The second secon			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

pe

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may carefully supplied.

TION is very important.

mation sh N. B.—WRITE

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 633 68
1. PLACE OF DEATH	(21)
county Somewest	Registration Dist. No. 270
Village or City. Circlical	No. St. Ward
) DY (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whose death occurred vrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oharles : 11, The	rlueg
(a) Residence: No. Cusfield UP. F.	JSt.// Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OF RACE 5. SHOLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male While Massed (write the word)	March 28 h, 1932 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
0 11 1005	March 25 , 1932, 10 Charch 28 , 1932
6. DATE OF BIRTH (month, day, and yeer) Law, 4, 1900	I lest saw h alive on alive on , 19_32_; death is said
7. AGE Years Months Days if LESS than 1 day,	to have occurred on the data stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
2 2 To pormin.	were es follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, John Skeeples SAWYER, BOOKKEEPER, etc.	acute appendicules 3/23/32
9. Industry or business in which	3/21/32
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupetion (month and spant in this	
year) occupation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	Other Countries of Hilportence.
(State or country) Concers Gu Till	
13. NAME TOMANIES IT, Sulling,	
14. BIRTHPLACE (city or town)	Name of operation appendant orung Data of 3/2.6/3.2
(State or country)	What test confirmed diagnosis? Classical Was there en autopsy? 140
15. MAIDEN NAME STANKE OF LIGHTER	23. If death was dua to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mu. Mas. N. Hellerg (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL AND SOCK	Manner of injury
Place Willing Delegary Date 7 Mi, 30, 1932	Nature of injury
19. UNDERTAKER J. S. Dawson,	24. Was disease or injury in eny way related to occupation of deceesed? 240
(Address) Creatiela, Moli	If so, specify
Mar. 1 22 22 1 = = = 11: 2	V Comments X 1. Part to

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

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Exact statement

properly classified.

certificate.

Jo

See instructions on back

TION is very important.

CAUSE OF

TH in plain terms, so that it may

item of infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Para)
County Somessel 40	Registration Dist. No. 270
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
a fill want of Start	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Calodield (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vesters M. Sterling	22. I HEREBY CERTIFY, Thet I ettended deceased from Murch 13 ,1932, to Musch 14 ,1932
6. DATE OF BIRTH (month, day, and year) March 20 1857	I last saw har elive on wards 13, 1932; deeth is said
7. AGE Years Months Days If LESS tylan 1 day,hrs.	to have occurred on the date stated above, et. O
9 Trade Aceterion or particular	Ciribrol Himosebage 3-23+3
Kind of work done, as SPINNER on Twood Calcher SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and search in this search in the search	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Conversed Co. Add,	Other Contributory Causes of Importance: Orthory Clerosis 3 marks a
13. NAME Probert W. Herling	
13. NAME (Poers), Therling 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Margaret Alelson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Margaret Velsore 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Sulher Steeling and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

18. BURIAL, ORGMATAON, OF

19. UNDERTAKER (Address)

Registrar.

Neture of Injury 24. Was disease or injury in any way releted to occupetion of deceased? If so, specify

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURGAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist No. coursed in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Oete of injury_____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows IVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 17 1039	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	——————————————————————————————————————
County Somersot	Registration Dist. No. 3 6 0
Village or City Tringers Anne, Me	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME CRAPTOR Henry Walsto	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of John Ellen Wolffon	22. I HEREBY CERTIFY. That I attended deceased from 26. 1982, to 71 arch 83, 1982
6. DATE OF BIRTH (month, day, and year) 1849 Queg 20 187. AGE Years Months Days 1 LESS than 1 day,hrs.	I last saw h
8. Jrada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, Pail To a Q SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 1994 0 n Q (State or country)	Caronic Interstital Nephrifis 1980 Other Contributory Causes of Importance:
13. NAME Summors Walston 14. BIRTHPLACE (city or town) III or y land	Name of operation
(State or country) 15. MAIDEN NAME TILM DIE TOPRON 16. BIRTHPLACE (city or town) IFFORMY 19 nd (State or country) 17. INFORMANT PROPERTY 19 nd (Address) Princecc Anne 19	What test confirmed diagnosis? Was there an autopsy? *** Q _ 23. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Prince Gast Date 3-77, 19.37 19. UNDERTAKER (Address)	
20. FILED 3-24 , 1932 Janith Registrar.	(Signed) (Signed) A. Audamous M. D. (Address) There can be cause M. D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. Na. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 103	July 5,1927	Peritonitis	3 days ago
	AUACT V.S. I			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S. No. 1

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10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

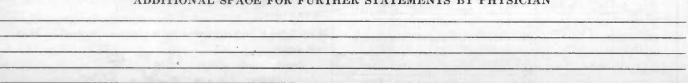
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Creshral homograpas	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BÖRBAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year





CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RECORD. Every item of info IS A PERMANEN FOR BINDING WITH UNFADING INK-THIS MARGIN RESERVED WRITE PLATN V. S. No. 1

N. B.

STATE OF MARTLAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH	Registration Dist No. 268
County JW SA	Neglitudos Diota Indiana.
Village or City DEALS ISLAND, MD.	NoSt,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ings. ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME A SAME AND	oll
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write that word)	21. DATE OF DEATH Months (b) 193 2 (Year)
5a. If married, widowed, or divorced HISBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days -It LESS than I day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: The Principal Cause of Deart and Tended causes of mystometer Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country)	Other Contributory Causes of Importanca:
13. NAME LAW MANAMAN 14. BIRTHPLACE (city or town) DEALS ISLAND, MD.	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / CALL DEALS ISLAND, MD. (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
16. BIRTHPLACE (city ar town). (State or country) 17. INFORMANT Journal Visiting (Address) DFALS ISLAND, MD.	Where did Injury occur? (Specify city or town, county and Stata) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mary. 31, 193	Manner of injury Nature of injury
19. UNDERTAKER DEALS ISLAND, MD.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Meh. 24., 19. Over Welsten Registrar.	(Signed) (Address) (Addres

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	A STATE
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis APR 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Agent of participations of the second of the	in a		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ORD.	HYSIC	t state	
7 REC	Y. P	Exac	
RMANEN	XACTL	classified.	ů
IS A PI	stated F	properly	certificate
HIS	pe	pe	jo
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TION is very important. See instructions on hack of certificate.
B			
Z			

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH
County Samues	1/	Registration Dist. No.
Village or CityDAMES QUA	RTER, MD. a	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death or		
2. FULL NAME // and	WVS	Watte
(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Sft	NGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH MAR 16 1932 (Year) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) MAR	16 1022	I last saw h alive on, 19; death is s
7. AGE Years Months	Days If LESS than 1 day, V hrs. or J min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		Date of ons
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) DAMES QUA (State or country)	RTER, MD.	
II 13. NAME William M	hill	
13. NAME AND AMES OUA 14. BIRTHPLACE (city or town) AMES OUA (State or country)	BTER, MD,	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SUMMES QUE 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	ARTER, MD. While	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIO DAMES OUT STER, ME),, 19	Manner of injury
19. UNDERTAKER(Address)		24. Was disease or injury In any way related to occupation of deceased?
20. FILED, 19	Registrar.	(Signed) OHANG, MD.

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Example I		Example II	
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Chronic interstitial nephritis 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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),	y item of infor-	as should state	it of OCCUPA-	
	T RECORD. Even	Y. PHYSICIAL	Exact statemer	
FOR BINDING	IS A PERMANEN	stated EAACTI	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	B.—WRITE, RLANLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EAACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
. No. 1	B.—WRITE, RLANLY,	mation should be car	CAUSE OF DEATH	TION is very import

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03175
County Somerset	Registration Dist, No. 270
	No. St., Ward
2. FULL NAME Orintha & Wilson	sds. How long In U.S. if of foreign birth?yrsmosd
The state of the s	- 15
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH 3 29 , 193 2 . (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of Levi Wilson	Mch. 20 ,1922, to arel 29 1932
6. DATE OF BIRTH (month, day, end year) may 27 1850	I last saw here alive on 2012 29 19 32 deeth is set
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated ebova, et 3.55 P. m.
8 / 10 2 1 dey,hrs.	ware as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tousawork	acut de 7 Nevel
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	urema
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceasad last worked at this occupation (month and 927 yaar) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Crisfield mel	Other Contributory Causes of importance: - Cluste Out Luyleule
13. NAME Leonal adams	- Class mysecolish
13. NAME Learge adams 14. BIRTHPLACE (city or town) Crisfield (Stete or country)	Name of operation Dete of Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Dete of injury19
(State or country)	Where did injury occur?
17. INFORMANT W. Wilson (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Maringers Cymaetery Date Mel 31, 1932	Manner of injury
19. UNDERTAKER JOM Albrouston (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED March 31, 193 & C. E. Collins Registrar.	(Signed) The supplementary M. (Address) massess productions
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the oeeupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUKEAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, addre.s tate Registrar/ 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.